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Time to drop the sat nav

With the unprecedented reorganisation of the NHS now taking place, Carl Bennett challenges the sport, leisure and culture sector to accept the realities of the new health environment and start making plans to find their way through a new funding landscape.

On 1 April 2013 the NHS landscape as you know it will change. It will change beyond recognition to that which Aneurin Bevan introduced some 60 years ago. This presents us all with a massive challenge at a time when we are already finding it difficult to keep our heads above the low-water mark.

The changes that have taken place since the Health and Social Care Act came into effect 18 months ago “are visible from space”, as David Nicholson, the NHS chief executive, has been heard to say on a number of occasions. At the macro level I would agree with his statement. At the micro level I would point out that the problem we are all faced with to unpick and understand these changes is more akin to a plate of spaghetti; but you are going to need more than a fork and spoon to unravel them. Even slathering it in olive oil is unlikely to help.

The opportunities presented by the move of public health to local authorities has been cited by many as a ‘golden opportunity’ for the leisure sector to seek financial support for what it does. This is hugely naive and at best misinformed. Much of the resource public health brings with it to the local authority arena is protected for two years and much of it is committed for those two years or even longer. By way of example, one of my larger contracts is worth more than £650,000 a year and it runs until 2017. There is no chance of influencing or unlocking that money until then. In fact, I would not be an effective commissioner if I had not tied most of my controllable allocation of resources into meaningful contracts, contracts that respond to the key drivers for change and inequality reduction we have prioritised locally.

I would not be a commissioner at all if all I did was spend the available resources on valueless interventions that have no evidence basis or strategic value. I like to believe I invest the resources I have in productive partnerships and entrust it to outcome-focused providers. I would probably be sacked, and possibly imprisoned, if all I did was stuff cash down the back of the public health sofa, something I am beginning to believe many of my peers think happens.

I have covered some of the following in my previous articles for The Leisure Review but I am still hearing from my leisure sector peers that they are expecting money to be falling off the public health money tree when public health finally moves to the local authority structures. This concerns me; it concerns me a lot.

As with all sectors, public health has been exposed to the same savings pressures as other areas in the NHS. We had a 40% management cost reduction to achieve prior to the Health and Social Care Act coming in to effect. We had to go through a de-bundling of activity, breaking up provider and commissioning functions. We have been through reorganisations and efficiency drives similar to everyone else in a very short period of time. And all this has happened during one of the most significant periods of transition. So when public health becomes the butterfly and lands in the local authority wild flower pastures I find it

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difficult to believe the rumours, which I have found myself squashing more frequently lately, that public health is awash with cash and that all you need is a good idea for them to fund it.

So what are you to do? Who do you listen to? Who can you lean on? Where is this pot of gold at the end of the public health rainbow?

Yes, public health will bring resources and yes, most of this is committed. However, this resource is ringfenced for two years and is tuned towards matching strategic drivers, drivers that you should also be hooked into. Most of the key health improvement drivers at the local level will be informing the Joint Strategic Needs Assessment (JSNA) and the Health and Wellbeing Board Strategy and Delivery Plan, if you have a functional health and wellbeing board in your local area. You should at least have a shadow board and a draft plan. The Public Health Framework will also provide you with a sound pointer to where investment is likely to be placed; look for 1.16 and 2.13 if you have any interest in physical activity.

What I do know is this: all public health resources will be prioritised to achieve measurable difference. It will be hung on interventions that intend to change the local landscape and social fabric of communities.

If your ideas and plans do not match those contained in the key strategic drivers, documents and strategies, you are going to come unstuck. I would argue that it is time to get out the map. The map provides lots of potential routes to your investment opportunities, not just those based on distance, type of route and time. It is time to identify your scout. Who will be your key navigator, the person who will help you determine the best route, help you identify your allies and the possible early wins that will help you develop trust and further opportunity? I do believe that it is time to determine the true purpose and focus of your organisation, and communicate these effectively with your new public health colleagues. How do you plan to do this?

Here's the crunch: it is time dump the sat nav that has had the leisure sector working on automatic pilot for the past 15 years. The holding pattern that many providers have maintained has failed to excite or engage health investment at scale, and if we are honest with ourselves, we have failed to make any impact on participation figures over the past 20 years. Sport might be claiming an increase in participation, probably to do with post-Olympic fever, but I must be critical of these figures until there are measurable benefits, benefits proven over a sustained period that we can all see clearly because they have been cited via a robust evaluation process, benefits that have been smartly translated into strategic currency, a currency in which public health is willing to invest.

Here is my challenge to you: are you ready to drop the sat nav and find your Tonto?

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